

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

**See Instructions and *Privacy
Statement On Reverse Side**Page 1 of 1 Pages

CLAIMANT'S NAME Joan E. Denton, Ph.D.			SSN or EMPLOYEE NUMBER* 811-110-9956-002			DEPARTMENT OEHHA		
POSITION Director			CB/ID No. N/R			DIVISION or BUREAU Executive Office		
RESIDENCE ADDRESS* (See work address)			HEADQUARTERS ADDRESS 1001 I Street, 25th Floor			INDEX NUMBER 1000		
CITY Sacramento			STATE CA			ZIP CODE 95812		
CITY Sacramento			STATE CA			ZIP CODE 94812		

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES			AMOUNT
5		To Oakland office and return						SC	14.00				14.00	
12		To Oakland office and return						SC	13.75				13.75	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
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													0.00	
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													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		27.75	0	0.00	27.75	

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

27.75

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/5 and 3/12/09: To Oakland office for Office of Environmental Health Hazard Assessment (OEHHA) management staff meetings - parking in Oakland.

(12) NORMAL WORK HOURS

0800 - 1700

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

3/27/2009

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(See item 17 on reverse)

DATE